Exhibitor Registration Form

Twelfth Annual Cultural Competence & Mental Health Summit October 6 & 7, 2004

Agency Name	
Agency Contact Person_	
Address	
Phone Number	Fax Number
Please Check One Box:	☐ Regular Exhibitor \$500.00 1 table for 2-days, 1 Registration (including meals)
	☐ Non- Profit Exhibitor \$250.00 1 table for 2-days, 1 Registration (including meals)
If Non-Profit, please list	tax identification number
Special Event:	☐ In addition, I would like to purchase Wristbands for the Special Event on October 6, 2004 for the price of \$50.00 per wristband.

The special event and evening private party will be held at the Hollywood Pictures Back lot in Disney's California Adventure TM Park on the evening of Wednesday, October 6, 2004. The Reception will feature the culinary delights of Hollywood and Dine, entertainment, no host bar and access to selected attractions celebrating California's Diversity. You will receive a wristband that will only be available through the Summit and shall not be used for resale. No wristbands will be sold on site. **Deadline for Special Event purchase is August 31, 2004.**

Please make checks payable to: CIMH Mail Payment to: Cultural Competency 405 W 5th St., Ste 400, Santa Ana, CA. 92701.